



Executive Summary: Iowa Medicaid Enterprise Provider Practice and Clinic Health Information Technology Survey

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Executive Summary

Since 2011, Iowa Medicaid Enterprise (IME) has been administering the Iowa Medicaid Promoting Interoperability Program (formerly known as the Electronic Health Record (EHR) Incentive Program) which provides incentives to certain healthcare providers throughout Iowa.¹ Some key features of the program include:

- Administration of Medicaid incentive payments to Medicaid Eligible Professionals (EPs) and Eligible Hospitals (EHs),
- Oversight of the Promoting Interoperability Program, including routine tracking of meaningful use attestations and reporting mechanisms, and
- Pursuit of initiatives that encourage the adoption of certified EHR technology for the promotion of health care quality and the electronic exchange of health information.

The Centers for Medicare and Medicaid Services (CMS) requires state Medicaid agencies to perform periodic environmental scans as part of the program requirements. The current study is the final environmental scan conducted to close out the Health Information Technology for Economic and Clinical Health (HITECH) Medicaid Promoting Interoperability Program.

IME contracted with Sum-IT Health Analytics to conduct a survey to better understand the current Health Information Technology (HIT) capabilities and future plans of Iowa provider practice and clinic organizations as they relate to exchanging information with providers outside their organization and their capabilities of interoperability. The survey included questions about provider practice and clinic organizations' electronic health record implementation and use, as well as how they send, receive, find, and integrate information into their EHRs.

Methods

The study population consisted of the provider practices and clinics in Iowa for which one or more providers in their organization received funding through the Iowa Medicaid Promoting Interoperability Program at some time during the 10-year period from its inception in 2011 through 2021.

There were 92 points of contact (POC) from 87 organizations, who received an e-mail invitation to participate in the on-line survey. The survey contained 13 multiple-part questions about HIT. Survey responses were weighted to represent the corresponding number of practices, since a single POC could have responded on behalf of more than one practice. 'Practice' is the primary unit of reporting for the study.

Results

From the 92 POCs, 78 responses were received, resulting in an 85% response rate. Respondents provided information for 873 practices with approximately 8,153 providers.

¹ <https://www.ecfr.gov/cgi-bin/text-idx?node=pt42.5.495&rgn=div5#sp42.5.495.d>



EHR Adoption, SDOH Referrals and Data Integration

- Ninety-eight percent of practices use 2015 certified EHRs, which include the latest Office of the National Coordinator for Health Information Technology (ONC) required specifications.
- Although 85% of practices capture or record information related to patient's needs for community-based services or social determinants of health (SDOH), only 67% integrate the information into the EHR as structured data.
- Sixty-one percent of practices use both electronic methods and paper, fax or phone to send SDOH referrals, while only 4% use only electronic methods.

Interoperability

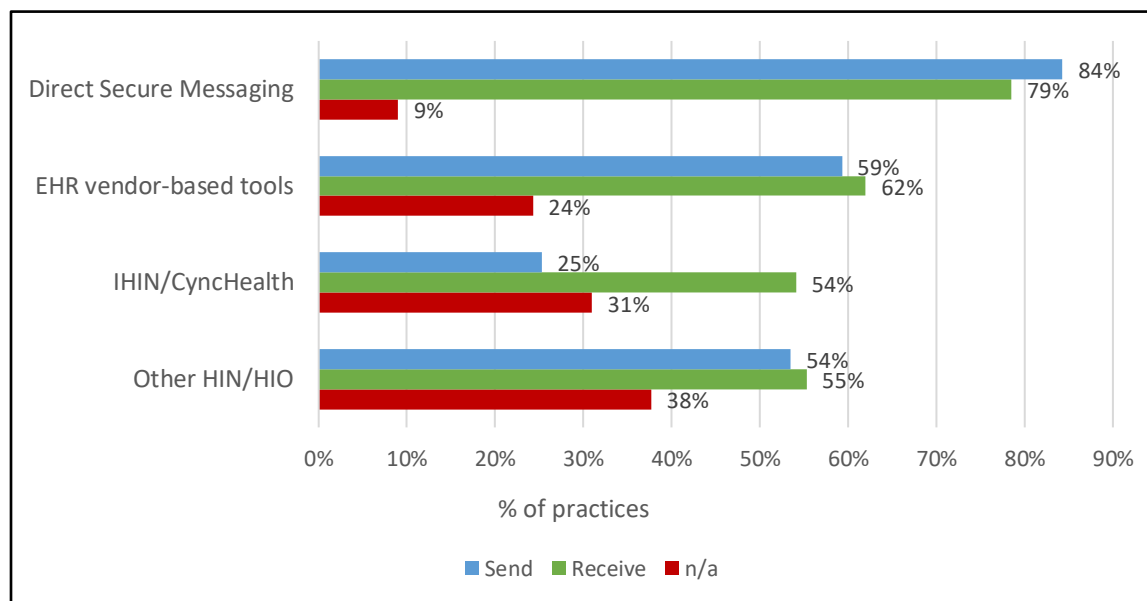
ONC defines interoperability as the architecture or standards that make it possible for diverse EHR systems to work compatibly in a true electronic information exchange. ONC developed a measure that comprises the four domains of interoperability: send, receive, find (or query), and integrate (or incorporate) health information into an EHR without manual effort. The survey contained questions on these four areas to assess provider practices' interoperability capabilities.

1. Send and Receive

Respondents provided information regarding how their organization sends and receives patient health information with providers outside of their organization. The methods and percentage of practices using the method to send and receive are displayed in Exhibit A below.

- Direct Secure Messaging is used by most practices.
- EHR vendor-based HIE tools are used to send and receive more often than HINs/HIOs.

Exhibit A. Methods used to send and receive information outside the organization.





2. Find

Organizations most commonly report their practice queries or finds a patient's health information from sources outside of their organization via their EHR vendor-based HIE tools. Reference Exhibit B.

- More practices use EHR vendor-based HIE tools to query for patient information than use IHIN/CyncHealth or other HIE/HIOs.
- 22% of practices were not able to query using any of the interoperable methods mentioned in the survey.

Exhibit B. Query for information outside the organization.

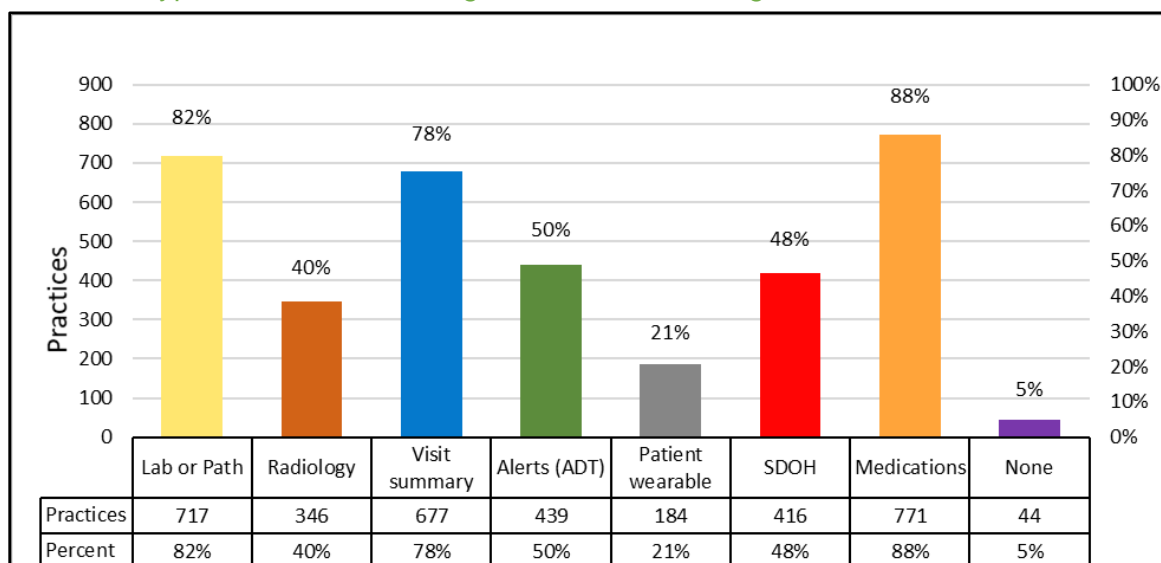
Query	# Practices	%
EHR vendor-based HIE tools	605	69%
Access to other org EHR	273	31%
IHIN/CyncHealth	174	20%
Other HIN/HIO	22	3%
Third party portal	317	36%
VA/DOD system	64	7%
IDPH reporting	31	4%
N/A	191	22%

3. Integrate

Respondents reported being able to integrate various types of patient data they receive from outside organizations as structured data into their EHR. Integration of one or more of these types of data is shown in Exhibit C below.

- 76% of practices can integrate lab or pathology, visit summary and medications.
- Only 40% of practices can integrate information from radiology reports or images.

Exhibit C. Types of information integrated from outside organizations.



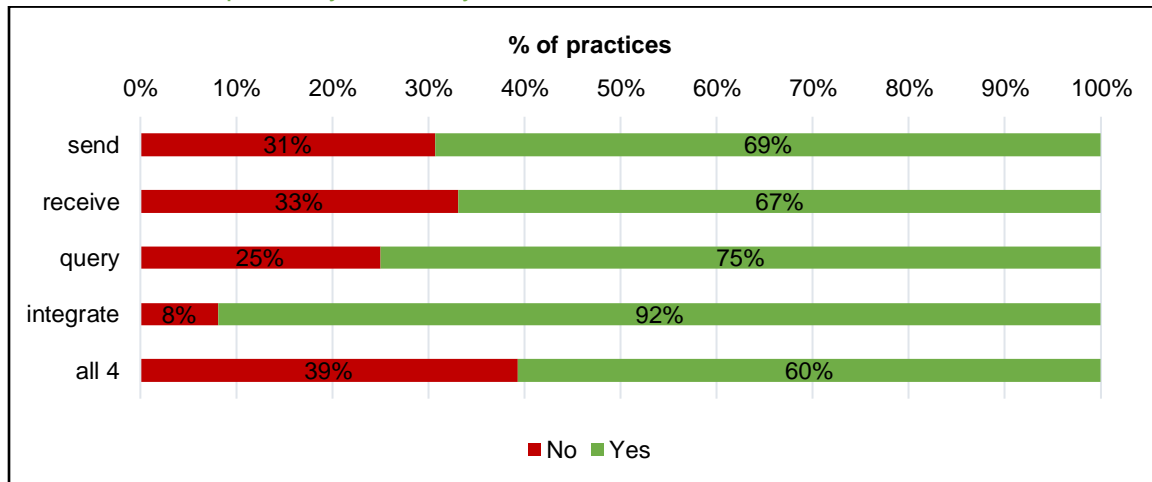


4. Interoperability Summary

Practice capabilities to electronically send, receive, query, and integrate information from outside their organization are summarized in Exhibit D below.

- A total of 60% of practices achieved interoperability in all four areas.

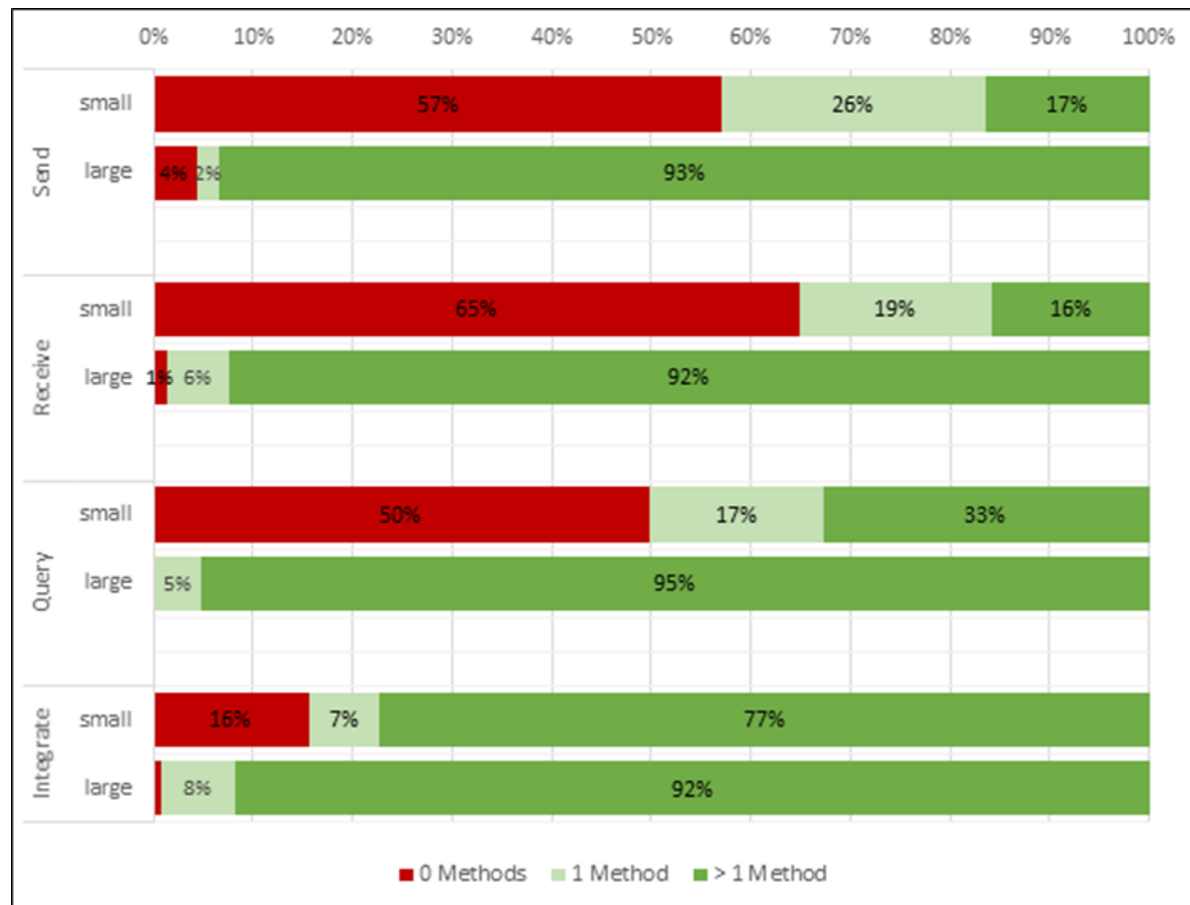
Exhibit D. Interoperability Summary.





Practice capabilities vary by practice by size (Exhibit E).

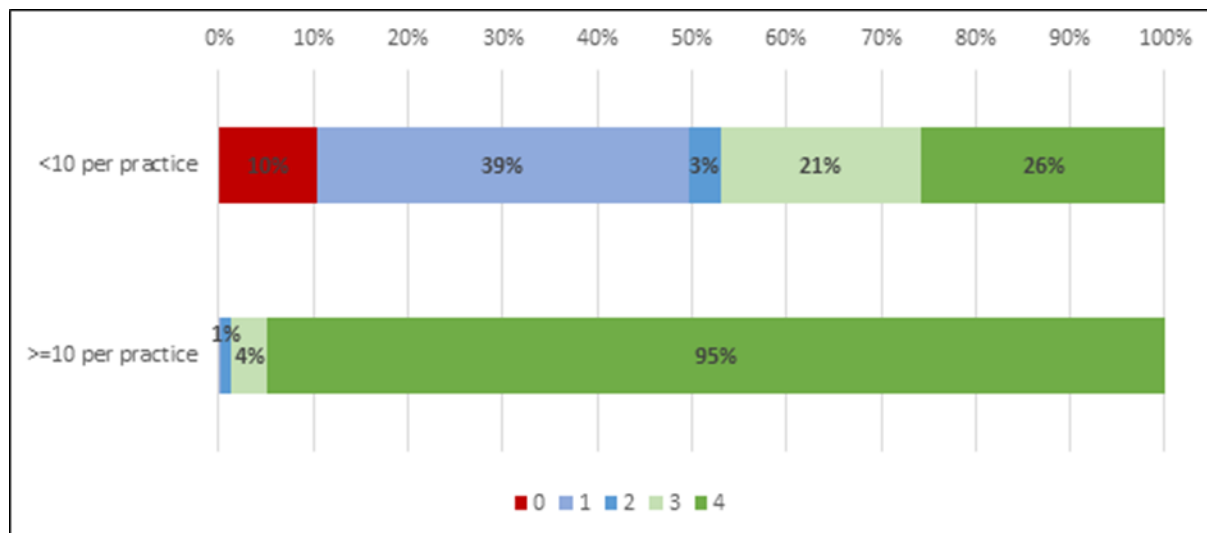
Exhibit E. Practice capabilities vary by size.



- The larger practices (those with an average of ≥ 10 providers per practice) reported being able to send (95%), receive (98%), and/or query (98%), using one or more interoperable method, and to integrate at least one type of data into the EHR (99%).
- By comparison, the smaller practices (those with an average of < 10 providers per practice) reported being able to send (43%), receive (35%), and/or query (50%), using one or more interoperable method, and to integrate at least one type of data into the EHR (84%).

For the final analysis, the proportion of providers who can interoperably send, receive, query, and integrate is examined by practice size. The count of how many of these interoperable measures were achieved is depicted (Exhibit F).

Exhibit F. Count of interoperable measures.



- 95% of larger practices reported being able to do all four: send, receive, query, and integrate at least one type of data into the EHR.
- For smaller practices, only 26% do all four, 21% do three, and 10% had not achieved any of the interoperability measures.

After reviewing the final survey report again, we found this to be a really BIG ‘aha’ finding in the report, and is very noteworthy to show that even with the incentives, smaller practices are having a harder time with interoperability at this point.

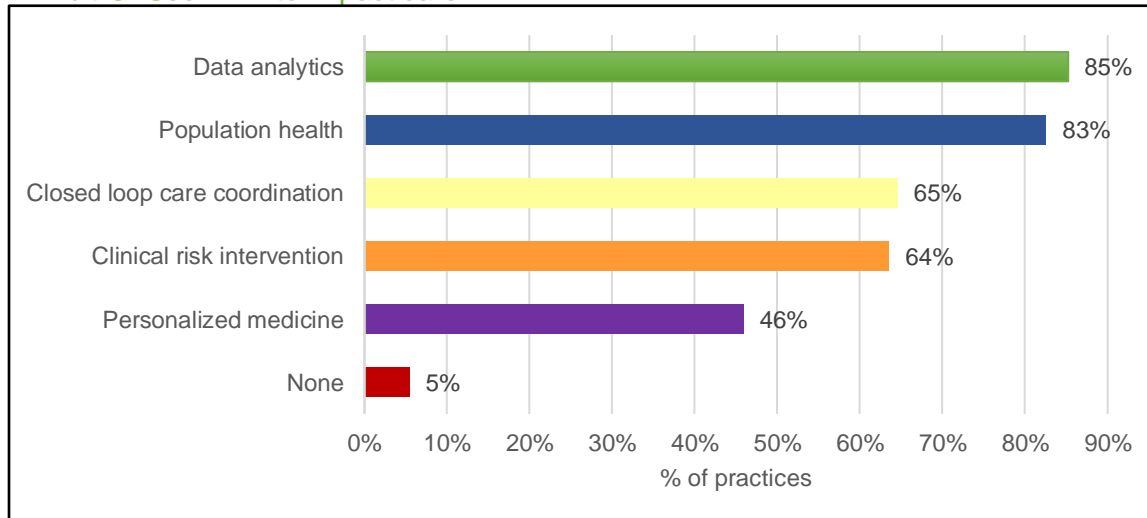
Use of EHR Information to Impact Patient Care

Beyond the interoperability questions, the survey examined how practices are using the information from their EHR to impact patient care. The majority of respondents reported their organization uses information from their EHR to perform more than one of the activities depicted in Exhibit G below.

- 85% of practices reported they perform data analytics with their EHR data.
- 83% use EHR for population health management.



Exhibit G. Use EHR to impact care.



Future Priorities for HIT Implementation and Information Sharing

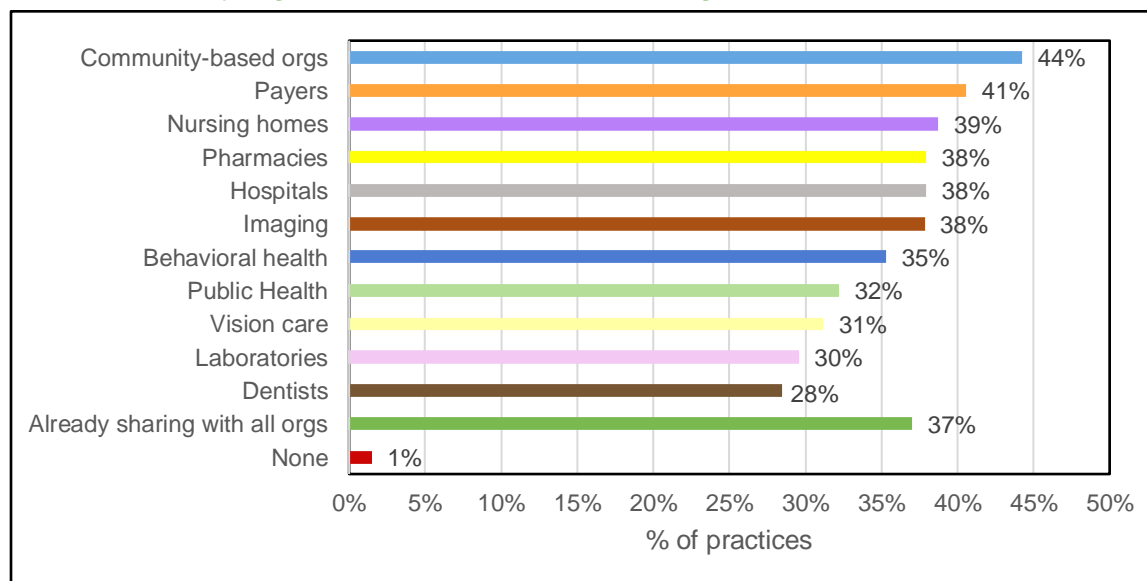
Respondents were asked about their organization's future priorities for HIT implementation, including if the implementation had already been completed. The types of technology that were most frequently reported as already completed were patient portals (82%), telehealth (75%) and patient APIs (73%). The four highest future implementation priorities for information sharing were to increase: 1) use of Direct Secure Messaging, 2) APIs for reporting quality or performance data, 3) telehealth, and 4) integration of information in the EHR related to SDOH.

Respondents were asked about the organization's future priorities for interoperable health information sharing with various types of organizations, in particular, who they would like to begin sending or receiving patient data with (Exhibit F).

- A total of 37% of practices reported they already send and receive data interoperably with all types of organizations listed in the response categories.



Exhibit H. Priority organizations for future data sharing.



Other Considerations

Respondents were invited to share anything else they considered important to their organization's ability to send and receive interoperable data, or analyze information to improve care. Twenty-nine responses were gathered via free-form text. The common themes identified included:

- Issues related to lack of standards and technical compatibility,
- Lack of IT expertise and funding,
- Many of the respondents were specialty or other practices who claimed less need or interest in data sharing and were not required to do so by the CMS regulations,
- Lack of a central registry for providers/practices to find addresses to transmit or request information via Direct Secure Messaging, and
- Security/privacy concerns related to HIV and mental health inhibited data sharing.

Summary

This 2021 survey revealed several key points.

- A total of 98% of practices use certified EHRs. This indicates that overall, EHR adoption and use for those eligible professionals participating in the Medicaid Promoting Interoperability Program throughout Iowa clinics and practices have been successful over the past ten years.
- It was common for practices to use more than one method to send or receive information from outside their practices.



- The most commonly used method to send/receive information, direct secure messaging, is considered basic interoperability to exchange information that does not require that disparate EHR systems be able to interpret the exchanged data².
- More practices use EHR vendor-based HIE tools to send, receive, and query for patient information than use IHN/CyncHealth or other HIE/HIOs.
- One-fourth of practices were not able to query using any of the interoperable methods mentioned in the survey.
- Most practices can integrate data from outside organizations, although the types of data vary by practice.
- Most practices have engaged in data analytics with their EHR data to improve quality and/or efficiency of care.

This study included only practices that received incentives from the Medicaid Promoting Interoperability Program, and although they have implemented certified EHRs, many of these practices report only limited health data sharing with outside organizations.

Several important themes emerged from this study that may have future policy implications:

- Practices able to send, receive, query, and integrate information still face barriers to exchanging health data with providers who are not operating on an interoperable EHR.
- For an HIE/HIO to be useful and financially worthwhile for investment, it must be interstate.

Finally, some practices stated they need access to interstate HIE. We quote excerpts from two poignant comments, “Before we invest in HIE, we have to be able to access information via interstate, not just intrastate.” and “...need an HIE that can communicate with not only Iowa.” In addition, practices may struggle to fund interoperability efforts; we quote, “Medicaid heavy payer mix means less money to employ data analysts or to employ other tools within the EHR as additional features cost more money...”.

² <https://ehrintelligence.com/features/how-health-data-standards-support-healthcare-interoperability>

